


# Flint Energies

Your Touchstone Energy<sup>®</sup> Cooperative 

P. O. Box 308, 103 S. Macon St.  
Reynolds, Georgia 31076  
(478) 847-3415

## APPLICATION FOR EMPLOYMENT

### DATE OF APPLICATION \_\_\_\_\_

It is the practice of Flint Electric Membership Corporation to accept Applications for Employment for existing vacancies only. You must submit a separate application for each position for which you desire to be considered. Complete information should be furnished in order that we may give you fair and appropriate consideration. As an Equal Opportunity Employer, it is the policy of Flint Electric Membership Corporation to afford equal employment opportunity to all individuals, regardless of race, color, religion, sex, national origin, handicap, disability, veteran status, or age.

### POSITION INFORMATION

Position Applying For \_\_\_\_\_

Have you ever applied for a job with Flint Electric Membership Corporation?  Yes  No

If "Yes", please give the position for which you applied and the date of application. \_\_\_\_\_

Will you accept employment if offered in:  Reynolds  Warner Robins  Perry  Upatoi

Date Available for Work \_\_\_\_\_

Have you previously been employed with Flint Electric Membership Corporation?  Yes  No

If "Yes", what was your date of termination? \_\_\_\_\_

### GENERAL INFORMATION

Name \_\_\_\_\_  
(Last) (First) (Middle)

Current Address \_\_\_\_\_ Home Phone \_\_\_\_\_

\_\_\_\_\_ Business Phone \_\_\_\_\_

If at the above address for less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.

Street City State Zip Code

Street City State Zip Code

If hired, can you furnish proof that you are at least 18 years of age and eligible to work in the United States?  Yes  No

If "No", please explain \_\_\_\_\_

*(If unsure of the documentation needed to prove eligibility to work in the U. S., we will explain the legal requirements.)*

**AN EQUAL OPPORTUNITY AFFIRMATIVE ACTION EMPLOYER M/F/V/D  
A DRUG FREE WORKPLACE**

Have you been convicted of, or pled guilty to, a felony or been released from prison in the past 10 years?  Yes  No

If "Yes", please explain: \_\_\_\_\_  
 (Note: A "Yes" answer does not automatically disqualify you from employment since the nature of the offense, date, and type of job for which you are applying will be considered.)

Are you related by blood or marriage to a Flint EMC director, employee, or immediate family of employee?  Yes  No

If "Yes", give name \_\_\_\_\_ relationship \_\_\_\_\_

Do you have any commitments to another employer that might affect your employment with our company?  Yes  No

If "Yes", explain \_\_\_\_\_

If hired, can you work during the hours and days required for the position for which you are applying?  Yes  No

If "No", please explain \_\_\_\_\_

**MILITARY STATUS**

Do you have any military experience that would be relevant to the job for which you are applying?  Yes  No

If "Yes", please explain \_\_\_\_\_

**EDUCATION & TRAINING**

NAME OF SCHOOL & ADDRESS	# OF YEARS COMPLETED	DIPLOMA / DEGREE YES / NO	MAJOR COURSE OF STUDY
High School _____ Address _____			
College _____ Address _____			
Correspondence / Trade School _____ Address _____			
Graduate School _____ Address _____			

Do you have all of the professional licenses and certifications listed in the job announcement, job advertisement, or job description, or that are necessary to perform the job for which you are applying?  Yes  No

If "No", please explain: \_\_\_\_\_

**EMPLOYMENT HISTORY (Begin with most recent)**

(The Department of Transportation requires that driver applications show all employment for the past three years and commercial driver employment for the seven years immediately preceding this three year period. FMCSR 391.21 (b) (10), (11)

**(1)**  
Employer \_\_\_\_\_ Position Title \_\_\_\_\_  
Address \_\_\_\_\_ Duties \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Wage / Salary \_\_\_\_\_

.....  
**(2)**  
Employer \_\_\_\_\_ Position Title \_\_\_\_\_  
Address \_\_\_\_\_ Duties \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Wage / Salary \_\_\_\_\_

.....  
**(3)**  
Employer \_\_\_\_\_ Position Title \_\_\_\_\_  
Address \_\_\_\_\_ Duties \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Wage / Salary \_\_\_\_\_

.....  
**(4)**  
Employer \_\_\_\_\_ Position Title \_\_\_\_\_  
Address \_\_\_\_\_ Duties \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Wage / Salary \_\_\_\_\_

**Employment History Continued:**

**(5)**  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Wage / Salary \_\_\_\_\_

Position Title \_\_\_\_\_  
Duties \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_

**(6)**  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Wage / Salary \_\_\_\_\_

Position Title \_\_\_\_\_  
Duties \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_

**REFERENCES (not relatives or former employers)**

**(1)**  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
# Years Known \_\_\_\_\_

**(2)**  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
# Years Known \_\_\_\_\_

**(3)**  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
# Years Known \_\_\_\_\_

**(4)**  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
# Years Known \_\_\_\_\_

**➔ Answer the questions on this page ONLY if you are applying for a position requiring a Commercial Driver's License (CDL).**

**DRIVER EXPERIENCE & QUALIFICATION**

Date of Birth \_\_\_\_\_ The U.S. Department of Transportation requires that driver applicants state their date of birth. 391.21 (b) (2).  
 Month/Day/Year

Social Security Number \_\_\_\_\_

Physical History: The U. S. Department of Transportation requires that all driver applicants pass certain physical tests before they are hired to drive for a motor carrier. FMCSR 391 Subpart E.

Date of last Department of Transportation prescribed physical examination \_\_\_\_\_

Have you ever been granted a waiver under section 391.49 of the Federal Motor Carrier Safety Regulations pertaining to the loss of foot, leg, hand, or arm?  Yes  No

<b>LICENSES</b>				
	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE
DRIVER LICENSES HELD IN THE PAST 3 YEARS MUST BE SHOWN				

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?  Yes  No

B. Has any license, permit, or privilege ever been suspended or revoked?  Yes  No

C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations?  Yes  No

If you answered "Yes" to A, B, or C, attach a statement giving details.

<b>DRIVING EXPERIENCE</b>				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, etc.)	DATES		APPROXIMATE TOTAL MILES
		FROM	TO	
Straight Truck				
Tractor & Semi-Trailer				
Twin Trailers				
Other				

List states operated in during the last five years \_\_\_\_\_

List special courses or training that will help you as a driver \_\_\_\_\_

List safe driving awards held and who awards were presented by \_\_\_\_\_

<b>ACCIDENT REVIEW FOR THE PAST 3 YEARS</b> <i>(Attach a separate sheet of paper if more space is needed.)</i>			
DATES	NATURE OF ACCIDENT (Head-On, Rear-End, etc.)	FATALITIES	INJURIES

<b>TRAFFIC CONVICTIONS &amp; FORFEITURES FOR THE PAST 3 YEARS OTHER THAN PARKING VIOLATIONS</b>			
LOCATION	DATE	CHARGE	PENALTY

**TO BE READ AND SIGNED BY APPLICANT**

I hereby authorize Flint Electric Membership Corporation to investigate all statements contained in this application. I understand that misrepresentation or omission of material facts will be a cause for immediate dismissal without notice.

I understand that passing an employment entrance examination by the Flint Electric Membership Corporation physician is required after employment has been offered to determine physical fitness as related to job requirements. The corporate physician is hereby authorized to discuss the results of the medical examination, as it relates to work activities, with the appropriate Flint Electric Membership Corporation personnel.

I certify, as a condition of my employment, that this application was completed by me, that all entries on it and information in it are true and complete to the best of my knowledge, and that I will comply with all the rules and regulations of this corporation that are in effect now and any others that may be instituted at a later date. I also agree to follow all health and safety regulations including the use of safety equipment at all times on the job.

I also authorize the release of information with regard to my character, ability, employment, and habits and agree to hold any persons contacted harmless with respect to any information they may give.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview or in any policies, procedures, or handbooks that I might receive, is intended to provide an employment contract between Flint Electric Membership Corporation and myself. No promises regarding employment have been made to me, and I understand that no promise or guarantee is binding upon the Corporation. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, for any reason, or for no reason, and that Flint Electric Membership Corporation retains a similar right regarding the discontinuation of my employment, subject to the full extent of the law.

I understand that my employment is conditioned also upon the results of an employment entrance urine drug screen for which I submitted or will submit a specimen for testing. I realize that any positive result, not caused by the presence of a legitimately prescribed prescription drug, will cause my being refused employment or dismissed if the results of the test are received after my initial employment date.

\_\_\_\_\_  
**APPLICANT SIGNATURE**

\_\_\_\_\_  
**DATE**

**FOR OFFICE USE – TO BE COMPLETED BY HIRING MANAGER OF CORPORATE SERVICES**

**HIRE**  
Position Title \_\_\_\_\_ Department \_\_\_\_\_  
Base Salary Offered \$ \_\_\_\_\_ Salary Grade \_\_\_\_\_  
Justification \_\_\_\_\_  
Date of Offer of Employment \_\_\_\_\_

**REJECT**  
Reason \_\_\_\_\_  
Hiring Supervisor/Manager \_\_\_\_\_ Date \_\_\_\_\_

**DISPOSITION**  
Employment Offered and Accepted  
Start Date \_\_\_\_\_

Employment Offered and Declined  
Reason \_\_\_\_\_

**Sr. Vice President of Corporate Services** \_\_\_\_\_ **Date** \_\_\_\_\_

**FLINT ELECTRIC MEMBERSHIP CORPORATION**  
**EEO SELF-IDENTIFICATION FORM**

Flint Energies is an equal opportunity employer. All applicants are considered without regard to race, color, religion, sex, age, national origin, veteran status, disability or any status that is protected by state or federal law.

In an effort to comply with government record keeping requirements, we ask that you **voluntarily** complete this information. The U.S. government requires employers to report the number of their applicants and employees in the racial, ethnic and veteran groups listed below. While employers are permitted to determine the group identification listed below by visual survey, we believe that in order to avoid mistake and misunderstanding, every applicant should have the opportunity to answer this question personally. **THIS INFORMATION WILL ONLY BE USED FOR REPORTING TO GOVERNMENTAL AGENCIES. IT WILL NOT BE USED IN DETERMINING ELIGIBILITY FOR EMPLOYMENT AND WILL BE KEPT SEPARATE FROM THE APPLICATION FORM.**

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Name \_\_\_\_\_ Zip Code \_\_\_\_\_

County and State of Residence \_\_\_\_\_

How did you learn of this vacancy? \_\_\_\_\_

If by advertisement, please give name and date of publication: \_\_\_\_\_

Position Applied for MUST be specified \_\_\_\_\_

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**PART I - Sex, Race and Ethnicity**

The following designations are those currently required by the Federal government.

**Check One Only:**     Male     Female

Are you Hispanic or Latino?     YES     NO

*(A person of Cuban, Mexican Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race)*

**If NO Check One Only:**

White, (Not Hispanic or Latino) *(A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)*

Black or African American (Not Hispanic or Latino) *(A person having origins in any of the black racial groups of Africa, includes Jamaican and West Indian.)*

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) *(A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)*

Asian (Not Hispanic or Latino) *(A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)*

American Indian or Alaska Native (Not Hispanic or Latino) *(A person having origins in any of the original peoples of North America and South America (including Central America) and who maintain tribal affiliation or community attachment.)*

Two or More Races (Not Hispanic or Latino) *(All persons who identify with more than one of the above five races.)*

**PART II - Identification as Covered Veteran (Check All That Apply)**

\_\_\_\_ Veteran of the Vietnam Era *This term means a person who served on active duty for 180 days or more, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such duty occurred: a) in the Republic of Vietnam between 2/28/61 and 5/7/75 or b) between 8/5/64 and 5/7/75 in all other cases or c) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed in the place/periods described in a) and b) above.*

\_\_\_\_ Special Disabled Veteran *This term means a veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability (a) rated at 30 percent or more, or (b) rated at 10 or 20 percent in the case of a veteran who has been determined under 38 U.S.C. 3106 to have a serious employment handicap, or a person who was discharged or released from active duty because of a service-connected disability.)*

\_\_\_\_ Other Veteran *This term means a veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.*

**PART III - Disabled**

Check One Only: \_\_\_\_ Yes \_\_\_\_ No

*Any individual who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a record of such impairment, or (3) is regarded as having such an impairment. ("Substantially limited" means an impairment that is "likely" to cause you to experience difficulty in securing, retaining or advancing in employment.)*

*All job qualification requirements must be job related and all information obtained from medical examinations and pre-employment inquiries will be used in accordance with job related standards. "Substantially limited" is added to clarify the meaning of that phrase for the purposes of these regulations. A definition of a qualified disabled individual is provided to assure that persons who are protected under the Act are those qualified to work rather than those who qualify solely to meet the definition of disabled. All physical and metal qualifications must be justified for the particular job for which the disabled person is being considered.*

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\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*